



Monmouthshire County Council.

Education Committee.

ANNUAL REPORT

OF THE

MEDICAL INSPECTION DEPARTMENT

FOR THE YEAR 1924.



Monmouthshire Education Committee

MEDICAL INSPECTION.

Annual Report for 1924.

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have pleasure in submitting for your consideration the Annual Report upon the Medical Inspection of School Children under your jurisdiction for the year ended December 31st, 1924.

The Report is arranged upon the lines suggested by the Medical Department of the Board of Education, in the circular letters issued in December, 1920, and December, 1923. The statistical tables contained in the Appendix have been compiled in accordance with the Board's request in the latter circular.

ELEMENTARY SCHOOLS.

POPULATION, ETC.

Area of the County of Monmouth (excluding autonomous areas of Abertillery, Ebbw Vale and Newport):—331,696 acres.

Estimated population at 31st December, 1924,—374,340.

Number of Schools 195, with 286 departments.

Average number of children on registers of Elementary Schools at 31st December, 1924—53,384.

School accommodation, 31st December, 1924:—55,931.

1. MEDICAL INSPECTION STAFF.

The County Medical Officer is also School Medical Officer. There are nine Assistant Medical Officers, viz. :—

Henry W. Catto, M.B., B.S., D.P.H., County Bacteriologist and Pathologist, and Deputy County Medical Officer.

Mary Scott, M.B., Ch.B.

Winifred Austin, B.A., M.B., B.S.

Harold Ellis, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Evan W. Griffith, M.B., B.S., L.R.C.P.

Philomene R. Whitaker, M.B., B.S.

Sidney R. E. Davies, B.A., M.R.C.S., L.R.C.P., D.P.H.

Margaret M. Proudfoot, M.B., Ch.B., D.P.H.

Gladys Russell, M.B., Ch.B., D.P.H.

Dr. S. R. E. Davies commenced duties on the 17th November, 1924, in place of Dr. L. H. Werden, who left on the 7th July, 1924.

Dr. M. M. Proudfoot commenced duties on the 10th November, 1924, in place of Dr. G. L. Hunter, who left on the 30th April, 1924.

Dr. G. Russell commenced duties on the 10th November, 1924, in place of Dr. G. T. Williams, who left on the 20th December, 1924.

Dr. M. H. M. Gordon commenced duties on the 24th October, 1924, in a temporary capacity to act during periods of special leave granted to certain of the Assistant Medical Officers.

Three School Dentists are engaged, viz. :—

C. J. Hurry Riches, L.D.S., R.C.S. (part time).

H. W. Wallis, L.D.S. (whole time).

Edith A. Gower, L.D.S., R.C.S. (whole time).

The last-named commenced duties on the 5th November, 1924, in the place of Miss M. G. Barrie, who left on the 4th October, 1924.

The services of the following Specialists have been engaged by the Education Committee:—

R. J. Coulter, M.B., F.R.C.S. Special Refraction and Ophthalmic work.

J. A. Lee, M.B., F.R.C.S. Nose and Throat treatment.

J. McGinn, L.R.C.P., L.R.C.S. X-Ray treatment of Ringworm.

There are twenty-eight health visitors devoting their time to School Medical Inspection work, in conjunction with Maternity and Child Welfare work, and one engaged jointly with the work of these two sections, and upon inquiry work for the County Mental Deficiency Committee. The Lecturer in Nursing under the Higher Education Committee also gives two days a week to School Medical Inspection work.

2. CO-ORDINATION.

(a) Maternity and Child Welfare.

The Co-ordination of the School Medical and the Maternity and Child Welfare services was inaugurated in the year 1920, and has been continued during the year under review. The Assistant Medical Officers undertake the supervision of Maternity and Child Welfare Centres in addition to the medical inspection and treatment of school children.

The twenty-eight health visitors have been allotted districts, in which they reside, and they are responsible for home visiting of infants from birth to five years of age under the Maternity and Child Welfare Scheme, and of children of school age under the scheme of Medical Inspection. They also assist at Maternity and Child Welfare Centres and School Clinics.

Several of the Health Visitors also help at Tuberculosis Dispensaries.

(b) Nursery Schools.

No Nursery Schools have been established in the Administrative County.

(c) Care of Debilitated Children.

The majority of debilitated children under school age are seen at the Maternity and Child Welfare Centres and the parents of such children are strongly urged to continue attendance at the Centres.

Debilitated children of school age come to the notice of the Medical Inspectors during school inspection and are examined at the schools, or, if attendance is impossible, they are seen at their homes.

THE SCHOOL MEDICAL SERVICE IN RELATION TO ELEMENTARY SCHOOLS.

3. SCHOOL HYGIENE.

The types of school buildings in the County were detailed in the report for 1920.

It is proposed to include in the next annual report a survey of the sanitary conditions of the schools.

The report of the County Education Architect is as follows:—

“ The condition of the schools of the County may still be described as fairly satisfactory. All sanitary defects are remedied immediately they come to light.

No new elementary schools were opened during the year 1924, but the alterations to premises necessary to convert premises at Chepstow and Nantyglo into Secondary Schools were completed and the schools opened.

The Architectural staff are busy upon plans of several new schools and it is hoped that building will commence in the near future.

The following building work is now in hand:—

Pontllanfraith Secondary School.		
Nantyglo	do.	do.
New Elementary School, Argoed.		
Do.	do.	Twmpath, Pontypool.
New Infants' School, Cwmearn.		
New Elementary School, Ynysddu.		
Domestic Arts Centre, Tredegar.		
Mining School, Pontllanfraith.		
Agricultural Institute, Usk."		

4. MEDICAL INSPECTION.

(a) *Scheme of Inspection.*

The Board of Education's schedule of medical inspection was followed during the year, viz.:—

- (i) Entrants (all children who enter school for the first time in school life).
- (ii) Age period 8—9 years.
- (iii) Leavers, (children 12 years of age and upwards).
- (iv) Special cases.
- (v) Re-examination of children found at previous inspections to have defects requiring attention.
- (vi) Examination of all mentally and physically defective children.
- (vii) Examination of all children irregular in attendance at school (Attendance Officers' cases).
- (viii) Re-examination at school of children for whom spectacles have been prescribed at the School Clinic.

Practically every School was visited once during the year for a routine inspection, and additional special visits were paid to many schools.

In addition special examinations were made of parties of school children who were to be taken to Wembley Exhibition.

(b) Steps taken to secure the early ascertainment of crippling defects.

The health visitors continue to notify the County Medical Officer of all infants under five of whom they are notified during their visits to the homes, and at Maternity and Child Welfare Centres, to be suffering from crippling defects. Acting on this information, the children are examined by members of the school medical staff as soon as they become of school age, the inspection being either at the school, or if they are unable to come to the school, at their own homes.

In other cases the children are examined on information received from the School Attendance Officer or some authorised person such as the Head Teacher to whose department the child normally would come. The subject is fully dealt with later in this report.

(c) Disturbance of School arrangements.

At schools where there are Head Teachers' rooms there is practically no disturbance of school arrangements. At the majority of the schools a classroom is freed for the use of the medical inspector, the scholars being placed with another class for the time being. At single-roomed schools there must of course be some slight interference with the work during medical inspections.

5. FINDINGS OF MEDICAL INSPECTION.

During the year a total of 13,430 children were examined at routine inspections. Of this number there were actually 1,819 or 13.5 per cent. children who were, at time of examination, physically fit,—boys 1,057, or 7.8 per cent., and girls 762, or 5.6 per cent.

A high standard has been fixed in classifying the children physically fit. A child found to have one carious tooth has been considered physically defective.

The number of special cases examined was 1,531.

Re-examinations were carried out in 9,713 cases.

The number of individual children inspected was 25,016, including 342 examined preparatory to visiting Wembley Exhibition.

In addition the School Dentists examined 26,422 children.

Complete totals are given in the appended statistical tables.

(a) UNCLEANLINESS.

During routine inspections unsatisfactory clothing conditions were discovered in .59 per cent. of the cases examined. Analysed this means:—

Clothing was excessive in .03 per cent. of children inspected. Insufficient in .14 per cent., unclean in .14 per cent. and ragged in .25 per cent. of the children inspected.

Defective footgear was found in .80 per cent. of the children inspected.

These figures compare very favourably with those of previous years, and decreased percentages are observed in all the conditions when compared with those of 1923. The four years up to and including 1914, and the years 1920-1924, are shown in comparison as follows:—

Clothing and Footgear at Routine Inspections.

Year.	Unclean. Per Cent.	Ragged. Per Cent.	Excessive. Per Cent.	Insufficient. Per Cent.	Bad Footgear. Per Cent.
1911.	5.8	.4	.29	.09	.6
1912.	2.7	.5	.3	.05	.9
1913	2.8	.6	.4	.04	.1
1914.	2.8	.4	.3	.04	.9
1920.	.97	.3	.19	.05	.89
1921.	.42	.17	.07	.13	1.1
1922	.30	.32	.13	.31	1.1
1923	.38	.43	.05	.15	.98
1924	.14	.25	.03	.14	.80

Dirty and Verminous Children.

The dirty and verminous children discovered at routine inspections are here tabulated for facility of comparison.

	HEAD.		BODY.	
	Nits. Per Cent.	Dirty. Per Cent.	Dirty. Per Cent.	Pediculi. Per Cent.
Entrants—Boys	2.4	.39	.51	.67
„ Girls	16.4	.03	.63	1.6
8—9 yrs.—Boys	1.12	.45	1.21	.52
„ Girls	21.9	.49	.35	.71
Leavers—Boys	1.17	.13	.91	.39
„ Girls	20.9	.18	.54	.66

It will be noted that for scalp vermin the girls in the 8—9 period, and leavers, furnish the largest percentage. The 8—9 boys give the lowest.

As regards body vermin (pulices), the girls give a higher percentage than the boys in practically all age groups. The condition is present in the majority of cases about the neck and shoulders.

For body cleanliness the girls are in advance of the boys. The body cleanliness, as will be seen by the percentage table, is at its worst for boys of 8—9 period, the period when they have to fend for themselves more than they have had hitherto.

A more comprehensive survey of the cleanliness of school children is made by the health visitors. They paid an average of 1.4 visits to each school in the County during the year for the purpose of making cleansing examinations. This average is considerably under the standard set by the Board of Education, but it is impossible to increase the number of visits to schools without augmenting the number of health visitors. Two re-visits were paid to the Schools after each cleansing examination to see the children previously found to have defects. Altogether, 67,083 children were seen at the cleansing examinations and 9,883 defects as regards uncleanness were found—14.7 per cent. The chief defects are set out below and the figures for previous years are given for the purpose of comparison. In the year 1923 there was a decided improvement in the cleanliness of school children, chiefly in nits of the head. This year there is a slight set back. Head conditions continue to improve, but in the sections, body vermin and poor footgear, there are rather large increases, which bring the total percentage of defects .5 per cent. above the figure for 1923.

The number of individual children found unclean was 9,413.

Chief defects found.	1924.		1923.		1922.	
	No.	Per-centage	No.	Per-centage	No.	Per-centage
Nits of head (mild) ...	2501	3.7	2,589	3.70	2,438	4.02
Do. (bad) ...	1588	2.3	2,265	3.23	2,360	3.89
Body vermin ...	1007	1.5	590	.8	630	1.03
Dirty body ...	898	1.3	804	1.1	958	1.58
Ragged and dirty clothing	787	1.1	739	1.0	874	1.44
Insufficient clothing ...	143	.2	210	.3	153	.25
Excessive Clothing ...	37	.05	36	.05	57	.09
Poor footgear ...	696	1.3	468	.6	384	.63
Poor nutrition ...	154	.2	80	.1	155	.25
Skin diseases ...	806	1.2	960	1.3	941	1.55
External eye diseases ...	439	.6	450	.6	418	.69
Otorrhoea ...	391	.5	323	.4	291	.48
Miscellaneous ...	436	.6	470	.6	180	.29
Total defects ...	9,883	14.7	9,984	14.2	9,839	16.3

No. of children examined, 1924, 67,083; 1923, 69,927; 1922, 60,606.

The parents were notified of the defects, and a re-examination of the children was made after a month's interval. 7,975 cases were re-examined, and 6,020 (75.4 per cent.) were found to have improved, and 1,955 (24.5

per cent.) to have not improved. The homes of the children who had shown no improvement were again visited, and instructions given to their parents or guardians in the methods of curing the defect complained of. Further examinations were made of 6,858 children, and 3,330 (48.5 per cent.) were found to have improved by the time of this subsequent visit. 2,943 (42.9 per cent.) were undergoing treatment, and 585 (8.5 per cent.) showed no improvement, and no satisfactory promises of treatment were received from the parents or guardians. The homes of these children were again visited. In 1923, the figures were, further examined. 7,141; improved 4,464 (62.5 per cent.); undergoing treatment, 2,842 (39.7 per cent.); no improvement, 1,008 (12.3 per cent.).

There were no legal proceedings taken during the year 1924. Forty-five cases of neglect were referred to the N.S.P.C.C., and appropriately dealt with.

(b) NUTRITION.

		1924.		1923.	
		Below normal.	Bad.	Below normal.	Bad.
		Per Cent.		Per Cent.	
Entrants	Boys	8.1	.03	8.5	.02
"	Girls	5.8	—	6.2	.2
* 8—9 period,	Boys	13.7	.1	12.7	.3
"	Girls	10.6	.08	10.3	—
Leavers	Boys	11.3	.08	11.2	.1
"	Girls	13.2	.06	8.5	.1

The year 1923 showed an improvement in the nutrition of school children as compared with previous years. The total figure for 1924 is about 5 per cent. higher than that of 1923, but it is lower than the figure for the preceding years. It is gratifying to note that the number of badly nourished entrants (infant children) shows a further reduction.

(c) MINOR AILMENTS.

Routine inspections disclosed minor ailments in 7.3 per cent. of the children examined. Details of the nature of the minor ailments are given in the statistical tables appended.

There is need for the establishment of Minor Ailments Clinics in the industrial townships of the County, but a scheme to provide these would entail additional medical and nursing staff.

(d) NOSE AND THROAT CONDITIONS DISCOVERED AT ROUTINE INSPECTIONS.

Nose and Throat conditions, discovered at the routine inspections are perhaps the most important of all, as by their persistence and their not being treated, other, and intrinsically far more serious conditions are liable to supervene.

The numbers per cent. are given where throat conditions were met with, tabulated as "Entrants," "8—9 years period," and "Leavers."

Nose and Throat Conditions met with at Routine Inspections.

	No. Examined	Mouth Breathers	Enlarged Tonsils.		Adenoids		Tonsils and Adenoids	Conditions due to other causes
			Slightly	Much	Slight	Obstructive Adenoid Growth		
Boys—Entrants	2521	p.c. 2.1	p.c. 17.1	p.c. 3.3	p.c. 1.0	p.c. .03	p.c. 1.7	p.c. 1.1
Girls—Entrants	2503	1.6	17.8	4.3	.9	.03	2.0	1.7
Boys—8-9 ...	2217	4.0	16.0	3.5	.9	.04	2.0	1.5
Girls—8-9 ...	2239	1.7	16.2	4.2	.7	—	1.7	1.4
Boys—Leavers...	2294	1.9	13.0	2.4	.4	.04	.7	1.5
Girls—Leavers..	1656	1.4	19.3	4.7	.4	1.0	1.2	4.7

From the foregoing tabulated list it will be seen that a considerable number of children had affections of the nose and throat prior to their entering upon school life. The number with enlarged tonsils appears to be increasing slightly each year.

The following is a tabulation of the percentages of glandular conditions discovered at routine inspections. The condition, especially that of the submaxillary and anterior cervical glands, is closely allied with, or secondary to tonsils and adenoids aetiologically, while the posterior cervical glandular enlargement is in many cases due to dirty, verminous or septic condition of the scalp.

		Submaxillary. Enlarged. Per Cent.	Anterior Cervical. Enlarged. Per Cent.	Posterior Cervical. Enlarged. Per Cent.
Entrants,	Boys	3.4	1.2	1.1
	Girls	2.9	1.1	1.0
8—9,	Boys	4.3	.09	.3
	Girls	3.2	.5	.5
Leavers,	Boys	2.0	.2	.2
	Girls	2.1	.3	.1

(e) TUBERCULOSIS.

Tuberculous conditions were discovered in .05 per cent. of the children examined at routine inspections. .007 per cent. of the children inspected had pulmonary tuberculosis. .01 per cent. had tuberculous glands, and .03 per cent. had tuberculous disease of bones or joints.

.24 per cent. of children inspected were suspected of being affected with pulmonary tuberculosis.

Of non-tuberculous chest conditions, 3.9 per cent. of the children inspected had catarrhal conditions of the lungs, while .61 per cent. had chest trouble due to other causes.

(f) SKIN DISEASES.

Of the total children examined at routine inspections 3.7 per cent. were found to have skin disease, due to:—

	Per Cent.
Ringworm of the Body ... ..	.11
Ringworm of the Head ... ..	.14
Scabies ... ..	.14
Impetigo	1.4
Skin Diseases from other causes	1.7

Full details of the “ other causes ” are in the table dealing with the subject.

70 hair specimens were examined for ringworm microscopically at the County Laboratory, 33 being returned as positive and 37 negative.

(g) EXTERNAL EYE DISEASES.

Disease of the external eye was discovered in 2.4 per cent. of the children seen at routine inspection, viz.:—

	Per Cent.
Blepharitis	1.8
Conjunctivitis ... ..	.19
Corneal Opacities ... ..	.08
Keratitis ... ..	.03

while other diseases accounted for .35 per cent. of external eye conditions in all children examined.

(h) DEFECTIVE VISION.

The children are normally examined as to their vision in the course of routine inspection in the two groups, between "8—9 years" and "Leavers" respectively.

The "Entrants" are only examined as to vision with Snellen's Type, where defect is evident or strongly suspected.

For simplification, the results of routine examinations as regards defective vision, are tabulated. There is a slight reduction in the number of cases discovered this year.

Defective Vision.

Groups	No. of Children Examined	Only One Eye Defective				Cases where both Eyes were equally Defective		Cases of Unequal Error				Squint
		Right		Left				Right		Left		
		$\frac{6}{24}$ to $\frac{6}{24}$	$\frac{6}{24}$ and less	$\frac{6}{24}$ to $\frac{6}{24}$	$\frac{6}{24}$ and less	$\frac{6}{24}$ to $\frac{6}{24}$	$\frac{6}{24}$ and less	$\frac{6}{24}$ to $\frac{6}{24}$	$\frac{6}{24}$ and less	$\frac{6}{24}$ to $\frac{6}{24}$	$\frac{6}{24}$ and less	
Entrants--Boys ...	2521	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.
„ Girls ...	2503	·11	...	·03	·07	·15	·11	·07	...	·07	...	10
8-9--Boys ...	2217	2·1	·85	2·2	1·3	6·7	1·7	2·5	·9	2·6	·9	·9
„ Girls ...	2239	2·2	·5	2·0	·5	8·4	2·2	1·9	1·4	2·2	1·1	·9
Leavers--Boys ...	2294	2·5	1·0	2·3	1·4	4·1	1·7	1·9	1·0	1·4	1·1	·3
„ Girls ...	1656	2·7	1·0	2·9	1·5	6·8	2·5	2·9	2·6	3·8	1·8	·5

(i) EAR DISEASES.

The conditions discovered at routine inspection are given in percentages of numbers examined in each group. The percentage of defects is, on the whole, about the same as last year.

		Number examined.	Otorrhoea. Per Cent.	Other Diseases. Per Cent.	Defective Hearing. Per Cent.
Entrants,	Boys	2521	1·1	·05	·35
„	Girls	2503	·47	·19	·43
8—9 period,	Boys	2217	·36	·22	·76
„	Girls	2239	·53	·13	·31
Leavers,	Boys	2294	·87	·08	·61
„	Girls	1656	·72	·30	·84

During the year 3,494 swabs were taken by the School Medical Staff and examined for Diphtheria bacilli at the County Laboratory, 19 schools being involved. The examination of the swabs proved 62 Positive and 3,432 Negative results.

When Diphtheria bacillus was found in a swab, the parents of the child were notified and advised to call in a medical practitioner; the child was excluded from school and the Medical Officer of Health of the area in which the child resided was notified. The positive cases were re-swabbed until two consecutive negative results were obtained.

18 specimens of Urine from school children were also examined at the Laboratory.

It was found necessary to close 62 school departments on account of the prevalence of infectious and other diseases, as follows:—

Measles	...	...	...	11	Mumps	..	...	...	2
Whooping Cough	...	...	...	3	Chicken Pox	...	...	...	3
Influenza	...	...	...	41	For Purposes of Disinfection	...	...	...	2
									<hr/>
									Total 62
									<hr/>

Disinfection of school premises is undertaken by the staff of the Medical Inspection Department after every closure.

At the time of writing the new regulations of the Board of Education in regard to school closure have just been received. It has been known for some years that school closure does not prevent the spread of infectious disease. Authority has now been given whereby registers need not be marked when, through the presence of infectious disease amongst the scholars, the percentage of attendance for any week falls below 60 per cent. A certificate, to the effect that infectious disease was prevalent during this period, must be given by the School Medical Officer. In future school closure on account of infectious disease will not often occur.

7. FOLLOWING UP DEFECTS DISCOVERED AT ROUTINE INSPECTION.

Re-examination of all children (whether of the routine inspection group or of the special examination group), found defective, is made by the Medical Inspectors.

Those children who were referred for re-examination on account of doubtful signs, are also seen again.

The following table gives the number of re-examinations made by Medical Inspectors and the result thereof:—

Condition	No. of defects for which treatment was considered necessary.			No. of defects for which no report is available	No. of defects treated	Results of Treatment			No. of defects not treated	Percentage of defects treated
	Old Routine Cases.	Special Cases.	Total.			Remedied	Improved	No improvement		
Nutrition	1154	500	1654	417	1237	398	342	497	...	74.8
Uncleanliness { Head	205	72	277	48	159	124	32	3	70	53.7
{ Body	98	49	147	29	99	89	6	4	19	67.3
Clothing { Dirty or Ragged	51	19	70	10	48	42	6	...	12	68.5
{ Excessive	8	3	11	3	7	7	...	...	1	63.6
{ Insufficient	6	4	10	...	5	5	...	...	5	50.0
Poor Footgear	34	30	64	13	44	43	1	...	7	68.7
Skin { Ringworm { Head	61	39	100	21	79	63	6	10	...	79.0
{ Body	6	8	14	1	13	12	1	...	...	92.8
{ Other Infectious Skin	96	79	175	25	147	123	19	5	3	84.0
{ " Skin Diseases	183	118	301	53	247	145	39	63	1	82.0
Eye { Vision and Squint	991	563	1554	411	876	496	114	266	267	56.3
{ External Eye diseases	214	115	329	56	259	154	45	60	14	78.7
{ Otorrhoea	124	78	202	44	149	81	24	44	9	73.7
Ear { Defective Hearing	98	61	159	42	117	46	30	41	...	73.5
{ Wax	26	17	43	9	29	22	2	5	5	67.4
Nose and Throat { Enlarged Tonsils	1722	853	2575	525	1553	421	406	726	497	60.3
{ Adenoids	230	131	361	77	241	121	58	62	43	68.7
{ Tonsils & Adenoids	283	207	490	126	280	132	69	79	84	57.1
{ Other Diseases	597	245	842	176	666	278	156	232	...	79.0
Enlarged Glands	312	165	477	105	372	182	79	111	...	77.9
Defective Speech	117	65	182	36	146	43	53	50	...	80.2
Teeth	1737	687	2424	542	1882	617	470	795	...	77.6
Heart and { Heart Disease	433	221	654	166	488	122	58	308	...	71.6
Circulation { Anæmia	452	163	615	155	460	177	139	144	...	74.7
Lungs { Bronchitis	61	53	114	22	92	56	14	22	...	80.7
{ Bronchial Catarrh	144	200	344	65	275	203	24	48	...	79.9
Tuberculosis { Definite	11	3	14	4	10	1	...	9	...	71.5
{ Suspected	68	17	85	48	37	12	6	19	...	43.5
{ Other Forms	53	16	69	40	29	4	8	17	...	42.0
Nervous System { Epilepsy	16	11	27	13	14	2	8	4	...	51.8
{ Chorea	18	14	32	8	24	11	2	11	...	75.0
{ Other Forms	26	21	47	14	33	12	7	14	...	72.2
Deformities	210	64	274	88	186	10	37	139	...	67.8
Miscellaneous	704	375	1079	332	697	331	105	261	50	64.6
Totals	10549	5266	15815	3728	11000	4485	2466	4049	1087	69.5

Number of children re-examined = 9,713 with 15,815 defects.

Defects of school children which require attention are notified by letter to the parents and 15,237 notices were forwarded during the year in regard to 15,411 children. The figures include defects notified by the Dental Surgeons, but not cleansing examinations. The Health Visitors subsequently visit the homes of such children to point out to the parents the necessity of treatment, if this has not already been obtained. 6,908 defects were investigated at the homes by the nurses and the following information was elicited from the parents:—Actually receiving attention, 1,587; promised to obtain attention, 4,396; no satisfactory reply received, 925.

8. MEDICAL TREATMENT.

School Clinics.

There are ten School Clinics in the Administrative County, as follows:—

				Defects Treated.
Rhymney Cottage Hospital	...	...	...	Teeth, Vision, Tonsils, and Adenoids.
Nantyglo and Blaina Hospital	...	...	...	Ditto.
Pontypool and District Hospital	...	...	...	Ditto.
Crumlin, Brook House	...	...	...	Teeth and Vision.
Abercarn, The Surgery	...	...	...	Ditto.
Blaenavon, The Surgery	...	...	...	Ditto.
Tredegar, The Surgery	...	...	...	Ditto.
Pengam, Vine House	...	...	...	Ditto.
Newport, Stanley Road	...	...	...	Teeth, Vision, Minor Ailments.
Travelling School Clinic	...	...	...	Teeth and Vision.

The School Clinic at Pengam was opened on the 17th April, 1924.

Travelling Clinic.

The advantage which parents in the rural areas have taken of the facilities for treatment of defects of vision and teeth in their children, continues to justify the provision of the Travelling Clinic. The percentage of appointments kept is a very high one,—86·9 per cent., an improvement of 1·6 per cent. upon the figure for last year. This percentage increases each year.

During the year 1,270 children were treated for defective teeth (2,045 attendances), and 136 children attended for correction of errors of refraction. Since the inauguration of the Travelling Clinic 6,721 children have received the benefit of attention to these two defects, and it can safely be asserted that but for the provision of this Clinic the vast majority of these children would not have had the slightest treatment.

The rural child has now the same opportunities for dental treatment and correction of errors of refraction as the child in the industrial areas.

PAYMENT SCHEME.

On the 11th February, 1924, there came into force the scheme under which parents whose income is under the scale fixed by the Education Committee are called upon to pay for treatment of their children at the school clinics.

The scale of charges is as follows:—

“ Where the total income exceeds:—

£3 per week for a family of four (including parents and children)

or

£3 5s. per week for a family of five do. do.

or

£3 10s. per week for a family of six do. do.

the following charges will be made:—

Minor Ailments—Nil.

Dental Treatment.—Extractions 6d. per tooth with a maximum of 2s. 6d.

Fillings 1s. per tooth with a maximum of 4s.

Where a rail journey has to be made to the Clinic and the amount of the fares exceeds 2s., no charge will be made.

Defective Eyesight.—Actual cost of spectacles.

Operative Treatment for Tonsils and Adenoids.—From 2s. 6d. to 10s. 6d. for the operation, according to the circumstances of the parents.

X-ray Treatment for Ringworm.—A charge not exceeding 10s. 6d. per case for the course of treatment to be fixed according to the circumstances of the parents.

Authority is given to the County Medical Officer to give special consideration to certain cases as they arise.”

The amounts received during the year 1924 were as follows:—

Treatment Received.	Amount Received.	Total amount still outstanding to be collected from parents.
	£ s. d.	£ s. d.
Dental ... ...	... 31 18 0	6 9 6
Tonsils and Adenoids ...	... 2 13 6	1 8 0
	<hr/> £34 11 6	<hr/> £7 17 6

It will be observed that the total amount received was £34 11s. 6d., but the question arises whether the general result is worth this small financial gain. The scheme was adopted after strong representations had been made by the Board of Education, the chief argument in its favour being that parents appreciate the provision of treatment much better if they have to pay a small amount for it.

The defects of children in respect of which parents have to pay for treatment are Teeth, Tonsils and Adenoids, and Ringworm.

The following table shows the number of notifications of these defects in children and the number of children treated during the past three years:—

	Free Treatment.		Payment Scheme
	1922.	1923.	in force. 1924.
Teeth—			
No. of defects notified ...	8,651	6,893	11,307
No. of children treated ...	3,826	3,214	2,782
Tonsils and Adenoids—			
No. of defects notified ...	1,528	1,701	1,021
No. of children treated ...	160	233	147
X-ray Treatment of Ringworm—			
No. of defects notified ...	126	188	120
No. of children treated ...	39	42	24

5,950 applications for treatment were received and 5,439 parents were entitled to free treatment for their children. The number of parents who had to pay for treatment was 511 (8·5 per cent.). The number of parents liable to pay is comparatively small and it may be said that this is in favour of the scheme, but in order to find out whether parents are under or over the income scale it is necessary that they shall state their earnings and the number of persons in their household, and the giving of this information unfortunately acts as a deterrent factor. Many parents would prefer their children to go untreated rather than divulge the amount of their earnings. Dental treatment is the one chiefly affected. Whereas, before the scheme became operative it was an easy matter to obtain plenty of cases to keep the clinics working for as many sessions as could be attended by the dental staff; it is now necessary that health visitors shall devote extra time to persuade parents to make application for treatment. Even with that special effort, the year 1924 showed a reduction of 432 in the number of children who received treatment for defective teeth compared with the year 1923, and the number of defects notified in 1924 was 11,307, compared with 6,893 in 1923.

For the purpose of comparison, the following figures in respect of children suffering from defects of vision and minor ailments are given:—

Defective Vision—

	1922.	1923.	1924.
No. of cases notified ...	1,209	3,345	2,621
No. examined at Clinics ...	991	1,193	1,303

Minor Ailments—

	1922.	1923.	1924.
No. of cases notified ...	1,629	1,083	1,246
No. examined at Clinic ...	225	182	192

No charge is made for the treatment of these defects at the School Clinics, and it will be seen that the number of children examined at the Eye Clinics in 1924 was higher than in either of the preceding years, and that the minor ailments figure is maintained.

The following Table shows the numbers treated at the Clinics during the year 1924.

Clinics	Number of Appointments made.	Number of Appointments kept.	Percentage of Appointments kept	NUMBER OF CHILDREN TREATED					
				Teeth.	Vision	Tonsils and Adenoids	X-Ray	Minor Ailments	
								Actual Cases	Visits Paid to Clinic
Abercarn ...	230	169	73.4	72	63	...	...	...	...
Blaenavon ...	480	327	68.1	142	106	...	...	...	...
Blaina ...	530	418	78.8	168	102	32	...	...	...
Crumlin ...	335	211	63.2	119	44	...	...	...	...
Pontypool ...	952	625	65.2	319	116	38	...	...	...
Rhymney ...	522	314	60.1	91	126	40	...	...	...
Tredegear ...	583	415	71.1	180	177	...	...	...	...
Pengam ...	388	286	73.7	172	54	...	...	...	...
Newport ...	2277	1369	60.1	239	379	37	44	194	466
Travelling Clinic ...	2352	2045	86.9	1270	136	...	...	...	...
Totals ...	8649	6179	71.4	2772	1303	147	*44	194	466

* 34 of these were new cases.

(a) MINOR AILMENTS.

Of the children referred for treatment of minor ailments at medical inspections during the year, 1,231, or 98·7 per cent., received attention. Of these cases, 192, or 15·5 per cent., were treated at the Clinic, Newport, and 1,039, or 84·4 per cent., by the parents' own medical attendants.

The Report of the Medical Officer in charge, Dr. P. R. Whitaker, is as follows:—

“ The Minor Ailment Clinic is held on Wednesday mornings and on alternate Saturdays.

As in previous years the cases of otorrhœa treated far outnumber any others. Many of these show very satisfactory results, but others seem to resist all efforts to effect a cure, or they clear up for a period of time and then break out again.

Many cases of Blepharitis were treated and advice given as to their further treatment, which could be carried out at home.

One case of Psoriasis, which had persisted for many years, was almost completely cured when last seen at the clinic.

A number of cases of Ringworm were referred for X-ray treatment.

The attendance at the clinic during the year has been satisfactory, more especially on Wednesdays.”

The table of cases treated will be found on the next page.

(b) TONSILS AND ADENOIDS.

During the year, 1,021 children in whom nose and throat defects were discovered, were referred for treatment.

Pronounced cases are referred for immediate surgical treatment, but otherwise the procedure adopted is as follows:—

1. Where the amount of the obstruction is slight, but accompanied by a certain amount of mouth breathing and poor chest development, such children are not necessarily referred for operative treatment, but an attempt is made with the co-ordination of the Instructors in Physical Training, to improve the condition so that operative measures are unnecessary.
2. When on subsequent inspection or inspections, the foregoing has had no beneficial effect, then these children are referred for operative treatment.

The following are particulars of the cases which received attention at the Clinic during the year :—

	No. of Cases treated			No. of visits paid to Clinic.	Results of Treatment.						No. of visits necessary to cure defects											
	Brought forward from last year.	New Cases	Total		Cured	Declined appointment	Obtained treatment from local doctor	Still under treatment	Referred to Hospital	Referred for X Ray	1	2	3	4	5	6	7	8	9	10	11	12
Ringworm	...	24	24	56	10	2	1	3	...	8	3	3	1	1	...	...	...	...	...	...	...	...
Impetigo	...	10	10	20	8	7	1	2	...	...	2	5	1	2	1	...	...	...	...	...	...	...
Seborrhoea	2	16	18	43	6	3	1	1	...	...	2	2	2	1	...	...	...	...	...	...	...	...
Eczema	1	5	6	10	2	3	...	...	...	...	2	2	1	1	...	...	...	...	...	...	...	...
Scabies	...	6	6	10	6	...	...	...	...	...	...	2	2	1	2	1	...	...	...	...	...	...
Other Skin Diseases	3	16	19	47	9	3	...	4	1	2	3	1	2	2	1	...	...	...	...	...	...	...
Blepharitis	1	30	31	55	17	6	...	8	...	...	10	2	4	1	...	...	...	...	...	...	...	...
Conjunctivitis	...	3	3	6	2	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
Corneal Ulcers	...	2	2	2	1	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
Phlyctenular Ulcers	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
Other Eye Diseases	1	2	3	6	2	...	...	...	...	...	1	1	3	1	2	1	1	...	...	...	...	...
Otorrhoea	27	39	66	212	20	7	1	37	1	...	1	10	3	1	2	1	1	...	...	...	...	...
Wax in Ears	...	...	...	...	...	...	...	1	...	...	1	...	1	...	...	...	...	...	...	...	...	...
Other Ear Diseases	...	4	4	7	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Enlarged Glands	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Clinical examination only	...	2	2	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	35	159	194	476	85	31	5	56	5	12	27	24	16	7	7	1	1	...	1	...	...	1

57 sessions were held, 815 appointments were made and 458 kept, a percentage of 56.3.

The Committee paid the rail fares on 279 occasions, at a total cost of £74 14s. 2d.

3. After operative interference the child is again examined, and is especially referred to the Instructors for training in breathing exercises. In many cases it is found that children persist in the mouth breathing habit even after the cause has been removed.

4. A few cases after all remain mouth breathers and in poor condition physically. In such it is often found that the nasal obstruction, co-incidental with the other condition, is sufficient to cause trouble on its own account. In such cases the child is referred for nasal treatment.

In a few cases it is found that the adenoids, owing to the persistence of the mouth breathing habit, have again developed, and necessitate further treatment.

Re-examinations were made by the Medical Inspectors of 4,268 children who, at examinations in previous years, had been found to be suffering from enlarged tonsils or adenoids or both conditions. It was ascertained that 2,740 children had been treated.

Name of Clinic.	NEW CASES.						RE-EXAMINATIONS.				No. of Sessions.
	No. of ap- points. made	No. kept.	Tonsils removed	Adenoids removed	Tonsils and Adenoids removed	Remarks.	No. of ap- points. made	No. kept	No. not kept	Satisfactory	
Blaina ...	37	32	...	...	32	...	18	14	4	14	4
Newport ...	37	37	...	...	37	...	...	...	...	...	7
Pontypool ...	48	41	...	...	38	3 deferred ...	25	16	9	16	5
Rhymney ...	70	41	...	...	40	1 deferred ...	33	20	13	20	7
Total	192	151	...	...	147		76	50	26	50	23

In addition to the above, 8 ear, nose or throat cases were specially examined and advice given by Dr. Lee.

The Committee paid the rail fares on 3 occasions at a total cost of £1 4s. 10d.

(c) TUBERCULOSIS.

Of the 24,674 children examined during the year (Routine, Specials and Re-examinations), 294 cases, or 1·19 per cent., were referred to the Tuberculosis Physicians of the King Edward VII. Welsh National Memorial Association for diagnosis and if necessary treatment.

The results of the Tuberculosis Physicians' findings are as follows:—
Diagnosed as Definite Cases:—

				Males.	Females.
Pulmonary	...	...	...	10	8
Glands	...	...	...	2	5
Other Forms	...	...	...	11	10
				—	—
				23	23
					—
					46
No definite signs of Tuberculosis, but cases to be kept under observation	...			28	41
					—
					69
Non-Tubercular	...	...	...	32	20
					—
					52
Appointments not kept	...	...	...	5	2
					—
					7
				—	—
				88	86
					—
					174

From the above table it will be seen that reports were received from the Tuberculosis Physicians upon 174 of the 294 cases notified to them and that 46 were definite cases in which Institutional treatment was indicated. The majority of these cases, together with some of the cases which were referred to the Tuberculosis Physicians in previous years and the few cases which otherwise came to their notice were admitted to Hospital or Sanatoria during the year.

The following is the Tuberculosis Physicians' report in this connection:—

Admission to Hospitals and Sanatoria.

				Males.	Females.
Pulmonary	...	...	...	7	21
Glands	...	...	...	2	7
Other Forms	...	...	...	13	9
Suspicious Tuberculosis			...	1	2
				—	—
				23	39

It must be noted that some of the children admitted to Hospitals had not previously been seen by the School Medical Officers. The figures are taken from the reports supplied by the Tuberculosis Physicians.

(d) SKIN DISEASES.

Of the 120 cases of ringworm of the scalp referred for treatment, 97, or 65·8 per cent., are recorded as having had treatment carried out. 44 cases, or 45·3 per cent., of those treated were attended to under the Local Education Authority's scheme.

The services of Dr. J. McGinn, of Newport, are retained by the Authority for the X-ray treatment of ringworm cases. The report for the year is as follows:—

Number of Cases referred from 1923	Number of New Cases.	Number of Appointments made	Number of Appointments kept	Number Cured	Number Declined Treatment	Number still under Treatment	Number of Visits Necessary to Cure								
							1	2	3	4	5	6	7	8	9
10	34	183	155	22	8	14	1	5	8	5	1	—	—	1	1

19, or 48·7 per cent., of the cases of ringworm of the body referred, were treated. 31·5 per cent. of the cases had their treatment carried out at the School Clinic, under the Local Education Authority's scheme.

The Education Committee paid the rail fares on 100 occasions at a cost of £28 7s. 7d.

Of scabies cases, 6, or 30·0 per cent. were given clinic treatment. These were mostly chronic intractable cases.

Of other skin diseases referred, 53, or 12·1 per cent. were treated at the Clinic.

(e) EXTERNAL EYE DISEASE.

During the year 661 children were referred for treatment on account of external eye trouble. Of this number 259, or 39·1 per cent. followed the advice given and sought treatment, 39 or 5·9 per cent. of whom were treated at the Clinic. 259, or 39·1 per cent. made other arrangements.

A detailed account of the diseases and place of treatment is given in the tabulated list.

(f) VISION.

For errors of refraction, squint, and other defects of vision, 2,621 children were referred for treatment. In 1,303 cases the offer of further investigation and if necessary, treatment at the Clinic, was accepted.

In 16·5 per cent. of the cases referred for treatment, parents made their own arrangements with private practitioners or hospitals.

Children for whom spectacles are prescribed at the School Clinics are re-examined at the next visit of the Medical Inspector to the School.

In some cases where there is a high error of refraction, especially if myopic in character, the children are periodically re-examined at the Clinic.

In cases where the error, especially if due to myopia, is a very high one, it is sometimes found necessary to exclude the child from school, so that the limited vision the child possesses shall be conserved.

In other cases it is found to be sufficient to advise the Head Teacher that it is necessary for the child to refrain from using the eyes for near work until otherwise advised.

The record of work accomplished at all the Clinics during 1924 is:—

Number of children examined:—

New cases	...	...	...	...	989
Re-examinations	...	...	...	...	314
					<hr/>
					1,303
					<hr/>

The number of appointments made was 1,808 and the number kept, 1,303, a percentage of 72·0.

Conditions found on examination:—

Defective Vision, (one eye)	...	...	213
Defective Vision, (both eyes)	...	...	647
Total Squints	...	...	130
Myopia	...	...	82
Simple Myopia Astigmatism	...	...	19
Myopia and Myopia Astigmatism	...	...	73
Progressive Myopia	...	...	8
Hypermetropia	...	...	166
Simple Hypermetropia Astigmatism	...	...	93
Hypermetropia and Astigmatism	...	...	213
Mixed Astigmatism	...	...	90
Conjunctivitis	...	...	5
Blepharitis	...	...	14
Corneal Opacities	...	...	5
Amblyopia, (one eye)	...	...	11
Photophobia	...	...	7
Nystagmus	...	...	4
Other forms	...	...	42
Conjunctivitis and Blepharitis	...	...	1

Action taken:—

New cases:—

Spectacles recommended	...	...	737
Spectacles not needed	...	...	252

Re-examinations:—

Change of spectacles recommended	...	...	217
No change necessary	...	...	97

Eight children were excluded from school during the year for eye complaints as a result of examinations at the eye clinics.

Pairs of spectacles provided by Committee on account of poverty of parents, 313, with repairs to 15 pairs, at a cost of £84 17s. 3d.

Train fares of children and guardians paid by Committee on account of poverty of parents, 153 cases, at a cost of £38 19s. 5d.

Head Teachers were advised that children should do no near work in 17 cases.

Results of re-examination at School of children seen at Eye Clinics:—

	Cases in which parents defrayed expenses of visit to Clinic	Cases in which Committee paid expenses.	Totals.
No. Examined ...	985	424	1409
Glasses worn and found to be satisfactory ...	291	155	446
Glasses requiring repairs ...	63	21	84
Glasses obtained but not worn ...	88	50	138
Change of lenses necessary ...	6	1	7
Glasses not obtained ...	62	1	63
Vision improved, no need to wear Glasses ...	263	71	334
Referred for Re-Examination ...	212	92	304

(g) EAR DISEASE AND HEARING.

Treatment for ear disease was carried out at the Clinic, Stanley Road, Newport.

380 cases of ear disease were referred for treatment. Of this number 70, or 18.4 per cent. were brought to the Clinic. As will be observed in the tabulated list, otorrhœa is the most prevalent factor in ear trouble among the children, and it is essentially one that requires careful supervision in its treatment, otherwise regrettable sequelæ might follow.

70 cases of defective hearing were referred for treatment.

(h) DENTAL DEFECTS.

Mr. C. J. Hurry Riches, the Senior School Dentist, has rendered the following report in regard to the treatment carried out under the Authority:—

“ During the year a new School Clinic was opened at Pengam. It has met a ‘ long felt want ’ and in the few months of its existence, has fully justified its establishment.

During the past year 26,422 children were examined at school by the School Dentists, and 22,935 of them were found to need dental treatment.

The number of scholars inspected has increased considerably, being over 10,000 more than in 1923.

The average number inspected per school session was 77.9. Inasmuch as the inspection figures show so large an increase, the return of children treated at the clinics must be less, yet 2,782 were treated out of 5,591 appointments made. Of these, there were 1,096 anæsthetic cases, and the number of fillings completed was 4,747. In addition, there were 72 cases of minor treatment.

For the previous year the figures were:—Children treated—3,214. Number of anæsthetic cases—1,296; number of fillings—6404; other treatment—111.

The number of children treated during the year was 432 less than in the previous year. The reduction is entirely due to the scheme of payments for treatment, which is now in force. Although the scale fixed is not high, the fact that parents have to fill in a form stating their income, stops many of them applying for treatment for their children even though the amount going into the homes may entitle them to free treatment.

I feel constrained to repeat what I have stated for the past few years, i.e., that if the Board of Education could see their way to approve of routine dental inspections being carried out by trained nurses, much valuable time could be utilised for actual treatment by the dental staff. During the past year 353 sessions, or 176½ days, which were devoted to inspection, could have been used for treatment if this suggestion could be adopted.

I think it is more fully realised to-day, how essential School Clinics are to the people of this country, and what a very big part is played by them in preventive medicine in so many ways.

There is always a large number of children who attend at the Clinic, and then refuse to be treated. The number during the year 1924 was 411. It sometimes needs much persuasion to convince parents of the error of refusing treatment, and the School Dentists endeavour to explain that it is not a case of interference, but rather that a helping hand is being extended to them to enable their children to be better equipped to face the future. Many parents (as perhaps may be expected) feel certain that all back teeth are temporary, and will soon be replaced by permanent teeth.

The travelling School Clinic continues to prove its usefulness. The number of children dentally treated was not so large as in the previous year, but the payment scheme was undoubtedly the cause of the reduction. The travelling clinic is the best attended of all the school clinics, both as regards the number of children treated and the percentage of appointments kept. Each year shows its advantages and it has been the means of getting at many cases which could not have been treated in any other way.

Perhaps I may be permitted to say that each Inspector from the Board of Education has been more than pleased with the van and its convenience for dealing with the various cases attending for treatment.

School Dental Clinics to-day are growing all over the country, but Sir George Newman, the Chief Medical Officer of the Board of Education, points out in his last Annual Report that dental inspection and treatment is only being carried out to a limited extent by the Education Authorities in England and Wales. He further states that 'the vast majority of school children are still neither inspected nor treated dentally, the amount of treatment received otherwise than through the School Medical Service being entirely negligible. While the **immediate** effects of dental disease are comparatively slight (though even during school life it is responsible for much ill-health in individual children) there is little doubt that in its ultimate effects it is both a pre-disposing and exciting cause of many conditions of ill-health, and therefore until some means can be found for its prevention, the cure of this disease must be regarded as one of the most urgent problems of the School Medical Service.'

Continuous and thorough care of the teeth is one of the greatest means to the end—perfect health and efficiency for the battle of life.

The appended table shows the dental work done during 1924:—

Clinic.	Number of Children treated.	Percentage of appointments kept.	No. of Fillings	No. of Gas cases.
Abercarn ...	72	69.7	103	47
Blaenavon ...	142	65.7	214	93
Blaina ...	168	76.7	293	117
Crumlin ...	119	60.2	194	62
Newport ...	239	54.5	420	115
Pengam ...	172	72.7	281	51
Pontypool ...	319	61.7	550	76
Rhymney ...	91	58.5	85	66
Tredegar ...	180	62.4	314	41
Travelling Clinic ...	1270	87.3	2293	428
Secondary Scholars	10	62.5	3	9
	2772	65.4	4750	1105

(i) CRIPPLING DEFECTS.

It was found that medical advice had been sought during the year in regard to the majority of children suffering from crippling defects. Twenty-two children with surgical tuberculosis were treated at the hospitals of the Welsh National Memorial Association and six with other defects at other hospitals. Four of these were sent to the Royal National Orthopædic Hospital, London, by this Committee.

Sir George Newman, Chief Medical Officer of the Board of Education, in his reports upon "The Health of the School Child," for the years 1922 and 1923, dealt at length with the great problem of the Crippled Child, and in the 1923 report he included a complete scheme of orthopædic treatment, which, briefly, is as follows:—

- 1.—In the first place it is necessary for the Local Education Authority to ascertain through the help of general practitioners, school doctors, tuberculosis officers, infant welfare doctors, teachers, nurses, school attendance officers and voluntary bodies the number of cripples in the area and the nature of the defects from which they are suffering. In view of the importance of early ascertainment and the high incidence of crippling in the first few years of a child's life similar steps should also be taken by the Public Health Authorities acting through their Maternity and Child Welfare Committees.
- 2.—An Orthopædic Hospital should be available. The hospital should be conducted under open-air conditions in a country district, and should include provision for the education of the children during their residence. The Authority should enter into arrangements with a central hospital for the examination of the children by the Orthopædic Surgeon of the hospital staff and for the reception and treatment of such of them as he selects, the fees for the surgeon's services and the treatment of the children being matters for agreement between the parties.
- 3.—The Education Authority should make or secure provision of one or more Orthopædic Clinics at which the children can be collected at regular intervals for examination by the Orthopædic Surgeon and plaster treatments, supervision of splints, etc., by the Orthopædic Nurse, and at which any necessary treatment, such as massage, electrotherapy, re-education and remedial exercises can be given.
- 4.—The scheme will not be complete unless it includes arrangements for the supply of the surgical appliances which the surgeon may prescribe, and for the following up of the children by school nurses to ensure regular attendance at the Clinic.

- 5.—The Authority should consider what it can do in its own area, to prevent crippling, tuberculosis, rickets and infant paralysis.
- 6.—It is suggested that a comprehensive scheme of this nature is not always immediately practicable and that, where there is no hospital available in the neighbourhood, arrangements could be made for the children who require in-patient treatment to be sent to an Orthopædic Hospital School, some provisional scheme being devised whereby the Orthopædic Surgeon can pay occasional visits to the area and keep the work under his general supervision.

There should be close co-operation between the Authority's Medical Officers and the Surgeon, so that the former may be in a position to see that the treatment prescribed is properly and efficiently carried out at the local clinics. The difficulties arising from the remoteness of the hospital and relative infrequency of the Surgeon's visit to the area might be still further mitigated by the employment on the authority's school nursing staff of orthopædic nurses specially trained at the particular hospital to which the children are sent.

In the year 1920 a census of the physically defectives in the County was taken by Dr. Ellis, Assistant Medical Officer. This has recently been brought up to date and the figures are as follows:—

Number of children between the ages of 5 and 16 years, with—

Surgical Tuberculosis	...	...	...	49
Paralysis	...	...	...	179
Rickets	...	...	...	16
Congenital Deformities	...	...	...	96
				<hr/>
				340
				<hr/>

The scheme of this Authority for the erection of the Hospital School for Crippled and Deformed Children, with 26 effective beds, upon the site acquired at Caerleon is provisionally approved and the final plans of the County Architect are being pushed forward for final approval by the Board.

In the meantime the Committee have approved arrangements whereby 12 beds at the Royal National Orthopædic Hospital, London, which has a Country Branch at Brookley Hill, Stanmore, Middlesex, have been retained for crippled children from this County, and this accommodation will be available for urgent cases. The approval of the Ministry and the Board to this procedure is awaited.

9. OPEN-AIR EDUCATION.

Open-air education has been carried on in the County on a fairly extensive scale during the year.

(a) *Playground Classes.*

In fine weather playground classes are arranged at most of the Schools where facilities are available.

(b) *School Journeys.*

These are part of the curriculum of every School and take the form of a Nature Study lesson.

(c) *School Camp.*

It is regretted that under present conditions the institution of a school camp during the past summer was not possible.

(d) *Open-air Classrooms.*

Open-air classes were held at five of the Authority's Schools, and consisted of eight departments, viz.:—

School.	Department.				No. selected from school for open-air class.			
Aberbargoed	Mixed	...	...	...	40
Libanus	Mixed	...	...	...	33
Do.	Infants	...	...	...	30
Pentwyn	Mixed	...	...	...	22
Do.	Infants	...	...	...	27
Pontllanfraith	Boys	...	...	...	39
Do.	Girls	...	...	...	34
Tynywern	Mixed	...	...	...	40
Total								<u>265</u>

It was not possible to utilise the Open-air Classrooms at Cefn Forest, Glanhwy, Gwyddon, and Phillipstown, for the purpose for which they were built owing to the demands for additional accommodation at the Schools for elementary education.

The reports of the Medical Officers in charge of the Classrooms are as follows:—

LIBANUS:—DR P. R. WHITAKER.

This school is fortunate in having an open-air department, both in the Infants and the Mixed Departments. In this way a weakly child is enabled to attend school with reasonable regularity throughout its school age.

The general progress of the children is very good, proving conclusively the beneficial results of the open-air class régime.

PONTLLANFRAITH:—DR. P. R. WHITAKER.

There are two departments in this school, one in the Girls' department and one in the Boys'.

The children selected for the open-air class are the same as in previous years, including cases of Anæmia, Malnutrition, etc.

In both sections the beneficial results are marked, the gain in weight being taken as a guide of progress. In two cases I tried the effect of returning a sub-normal child to the ordinary class but found that the school attendance in both cases fell and that their general health began to fail. They were again transferred to the open-air class where they speedily recovered.

ABERBARGOED:—DR. S. R. E. DAVIES.

The girls for this school are selected from the Infants' Department. They are children who are in a poor state of health or show some tuberculous taint. The class can take 40, and is now up to full strength. The average attendance during the past year was 32. The progress made by the majority of the children in this class is very marked. Children entering on account of their indifferent health have improved so rapidly that they have had to return to the ordinary school in order to make room for more delicate children. Not only do the children appreciate this open-air school, but their parents also are very enthusiastic about it. There has not been a single complaint from any parent during the year.

PENTWYN:—DR. M. M. PROUDFOOT.

The work of this Open-Air Department has been very satisfactory during the past year. There are two open-air class-rooms, one in the Infants and one in the Mixed. The children were examined every three months and their progress on the whole was satisfactory. Their height and weight are recorded regularly every month.

At the last medical inspection there were 22 children present in the Infant Department and 27 in the Mixed Department. The children all seemed very bright and happy. In the middle of the morning a cup of hot milk is supplied to the children and they benefit very much from the fresh air and the extra nourishment.

A number of children in both Departments were found fit at the last Medical Inspection to be transferred to the ordinary class. The gaps in the open-air classes will be filled by children at the last routine medical inspection.

As in the previous year the type of child selected for the Open-air Department was the child with a state of health below the average, resulting from Anæmia, Malnutrition, or some defect, such as, enlarged Tonsils.

There is no doubt as to the beneficial results of the open-air classes, some of the children showing marked improvement after a short time there. In spite of the fact that the classes are made up of children whose state of health is below the average the attendance throughout the year has been very good.

TYNYWERN:—DR. G. RUSSELL.

Owing to lack of accommodation it was only possible to utilise one of the open-air class-rooms. During the year there was an average of 40 children in this department. Some of those improved so much towards the end of the year, that they were able to be transferred back to an ordinary class, but these vacancies will be filled up at the next inspection.

The children chosen were those in an indifferent state of health, owing to general debility from Anæmia or Malnutrition, or lowered vitality from the presence of enlarged Tonsils and Adenoids or other defect.

There progress was very satisfactory—all were gaining weight and were brighter and happier. They also seemed to be benefiting from the cup of milk in the middle of the morning.

10. PHYSICAL TRAINING.

The School Medical Service is closely associated with the work of physical training in the Schools and the Assistant School Medical Officers have been instructed to note all children who are likely to derive benefit from a course of physical exercises. These cases as they arise are referred to the County Organisers of Physical Education (Mr. E. W. O'Donnell and Miss M. V. Fry), who make the necessary arrangements for the children to receive instruction.

The following report has been submitted by Mr. O'Donnell and Miss Fry :

“ We beg to submit our report for the year 1924.

During the year visits were made by us to the Schools as under :—

Mixed Departments	...	...	...	322
Boys' do.	...	...	...	39
Girls' do.	...	...	...	21
Infants' do.	...	...	...	86

In addition, 20 visits were made to Swimming Baths, 33 meetings held in connection with the organising of athletic events were attended, while assistance was given at 15 School Sports and at 2 Swimming Galas.

During the period under review our work has proceeded along the usual lines. We have been able gradually to secure for the subject its proper place on the time-table, and, while aiming at a daily lesson, a minimum of three 20 minute periods per week, per class, has been arranged for in the majority of senior schools, although the arrangement of two lessons each of 30 minutes duration is still more in evidence than we would desire.

Where playing fields are available a 30 to 40 minutes period of Organised Games in addition has become customary, and a real effort has been made to organise these lessons in such a manner that the games are played—and taught to—the whole of the classes concerned, rather than by the select few required to represent the school in inter-school competitions. The lack of adequate accommodation for such games has restricted their scope to a very great extent, but it is hoped that, in the near future, the grounds now being provided under the various Welfare Schemes will become available for use, and that an arrangement will be come to under which they will be reserved for the sole use, during certain school periods, of properly organised school classes.

RURAL INSTRUCTION.

The issue of the Board of Education of a new Syllabus, “ Physical Training for Rural Schools,” has made for increased interest in the subject in this type of school, of which there are a large number in the County.

In the past, it has not always been an easy matter to convince the Country teachers of the need for formal Physical Training lessons. Their pupils have often to walk several miles to school, and are said to have secured sufficient exercise by so doing. The provision of a course of

instruction especially adapted for their use, containing as it does really practical tables composed largely of exercises of a corrective type, has thrown fresh light on the subject.

Many special visits were made by us during the Autumn term for the purpose of introducing and demonstrating this syllabus, two copies of which were supplied to each school concerned.

ATHLETIC ORGANISATION.

The Rugby and Association Football Leagues are still flourishing in the County, and credit is due to the many teachers who voluntarily give up much time of their leisure to the coaching of the teams and the organising of the competitions.

The scheme of group Athletic Sports inaugurated in 1922, continued in being last summer. Old established meetings were held at Panteg, Wentlooge (at Castleton), Cwmbran, Rhymney, Abercarn, Crosskeys, Crumlin, Pontypool, Blaenavon, Blackwood, Abergavenny, Machen, Trethomas, Risca and Bedwas, while newly instituted gatherings took place at Caerleon, Aberbargoed, New Tredegar and Mamhilad.

The second annual County Championship Sports were held at Abergavenny, where teams representing 15 areas took part in the competitions. The event proved much more successful than that of 1923. The Blackwood side again took chief honours, and became the first holders of the Challenge Shield subscribed for by teachers of the County.

These Sports catered for the scholars of 95 Schools, and the actual number taking part ran into several thousands.

Swimming was taken at Talywain, Pontnewynydd, Blaenavon, Panteg and Abergavenny, but, as all the baths in the County are of the open-air type, the instruction given lacked continuity, being much interfered with by the cold and wet summer. "Land drill" lessons were given at certain of the schools in the areas mentioned, with the result that rapid progress was made by many of the scholars when the lessons were taken in the baths. In our climate very little progress can be looked for until such time as covered baths are available.

INDOOR WORK.

Owing to the prevalence of wet weather, indoor work has taken on an important place in the scheme. The school hall, too frequently used for other purposes, has not always been obtainable, and lessons taken in

the classrooms have been numerous. Much vigorous exercise can be obtained under such circumstances, but the problem of arranging for a sufficient variety of games and general activity movements is an ever present one. Assistance has frequently been given the teachers under this head.

PAMPHLETS.

A pamphlet of hints on the teaching of the subject in Infant Departments has been drawn up, and is being distributed.

A series of notes on the Team System and on Efficiency Tests have been prepared and issued.

TEACHERS' CLASSES.

During the year classes in Physical Training, games and folk dancing have been held for women teachers at Newport, Trethomas and Usk, catering in all for 63 teachers.

In efficient Physical Education the child is influenced in his entirety—body, mind, emotions and spirit—and his joyful response during the lesson is a proof of this. In no other subject of the school curriculum can this be done so completely, as every other subject deals with one on several aspects of the child's constitution, but not of the whole. In Physical Education, therefore, teachers have a means of getting into close contact with the real child and of encouraging that all round growth which means **true** education. This fact has been made the basis of all instruction at the classes for teachers.

OPEN-AIR CLASSES.

Tables from the Board's syllabus are taught in these classes, modified to suit the exceptional circumstances. Wherever possible the pupils from such classes take their regular Physical Training with the classes of children of their own age, the extra periods being devoted to less formal work.

DANCING.

Apart from there being a growing tendency to include Folk Dancing in the school curriculum, this subject found a place in many of the Sports programmes during the summer. In addition, competitions have been arranged in connection with Eisteddfods and Church and Hospital Fetes at Garndiffaith, Monmouth and Chepstow. At Garndiffaith twelve teams of Monmouthshire School Children competed, and the dancing was of a high standard. At Monmouth, Hereford and

Monmouthshire children took part in the events. At Chepstow the success of the previous year's competition induced the promoters to institute two competitions, one for the larger schools and one for the smaller. Sixteen schools took part, teams coming from all parts of the County. The adjudicator, the Organiser of Physical Training for Glamorgan, not only judged the competition, but made out a helpful criticism for each team, which was sent to the respective schools.

On the occasion of the visit of the late Mr. Cecil Sharp to Newport in May, about 50 Monmouthshire teachers were present to hear him speak on the fundamentals of English Folk Dancing, and to witness a demonstration of dancing. Sixteen teachers subsequently joined a short course in the dancing, arranged by the Folk Dance Society.

REMEDIAL EXERCISES.

During the year 134 children requiring remedial exercises were examined. Of these 87 were "mouth-breathers" and 47 were suffering from slight spinal curvature or other trunk deformities.

In such cases, if arrangements can be made, the children requiring special exercises are put in charge of a member of the school staff and ten minutes morning and afternoon is given to the work. In some cases, owing to difficult staffing arrangements, the work is given over to a pupil teacher or responsible older pupil. The exercises recommended are of a general type, and there is no risk of harm being done by specialised movements being taken incorrectly. When visiting the schools the Organiser sees the special cases and, where necessary, gives a progressed list of exercises.

GAMES EQUIPMENT.

Splendid efforts have been made by the teachers and scholars to raise funds for the provision of pianos and gramophones so essential if Folk Dancing is to be taught effectively. Their further efforts to obtain the wherewithal to supply footballs and football outfits, hockey sticks, balls and the minor apparatus for the playing of organised games have not always met with the success they deserve. One feels that a grant towards the cost of providing such equipment might well be provided by the Education Committee, as is done in other important areas.

ACCOMMODATION.

As Physical Education is now recognised as the principal "health" subject in the school curriculum, it is important that its requirements be kept in mind when the schools of the future are being erected and

equipped. The subject can not be properly taught in a school unprovided with both a hall and a commodious shed. The inadequate seating accommodation sometimes met with—particularly seats without a back support—seriously hampers any good effects gained through Physical Training.

In conclusion, we desire to express our appreciation of the sympathetic considerations given our work by the Director of Education, and to thank the teachers for their interest and support."

11. PROVISION OF MEALS.

The following report of the Director of Elementary Education is submitted:—

" Throughout the year ended 31st December, 1924, three scholars of the Coedypaen Non-provided School, and ten scholars of the Cross Ash Council School have been provided with meals. Six scholars of the Pentwynmawr Council School were also supplied with meals for a period of one month. Dinners only were supplied to children at Cross Ash and Pentwynmawr Council School, and breakfast in addition was provided at the Coedypaen School. During the year 720 breakfasts and 2,229 dinners have been supplied."

12. SCHOOL BATHS.

There are no facilities for school baths.

13. CO-OPERATION OF PARENTS.

Parents are invited and welcomed at all inspections, as detailed in the report for the year 1921.

14. CO-OPERATION OF TEACHERS.

Indebtedness is gratefully acknowledged to Head Teachers, Assistant Teachers, and Teachers of classes, for their courtesy and assistance in helping on the work of medical inspection, and following up the medical treatment of children of the elementary schools. The extent of their help was fully explained in the report for 1920.

15. CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The active co-operation between the Medical Inspectors and the School Attendance Officers mentioned in a previous report was continued.

16. CO-OPERATION OF VOLUNTARY BODIES.

There are no voluntary bodies in the Administrative County interested in the welfare of school children, with the exception of the National Society for the Prevention of Cruelty to Children. The three local Inspectors of this Society work in hearty co-operation with this department, and all cases referred to them receive prompt and effective attention. The bulk of the cases referred to the Society are verminous and neglected children. Forty-five cases were referred to the Society in the year 1924.

17. BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

By powers conferred on the Education Authority under the Elementary Education (Defective and Epileptic Children) Act, 1899, a number of children are maintained at Special Schools.

They are as follows:—

Blind—Swansea Institution for the Blind	...	...	8
Deaf and Dumb—Swansea Institution for Deaf and Dumb	...	...	18
Mentally Defective—Attending Certified schools for Mentally Defective children, Feeble-Minded	...	...	2
Epileptic—Attending Certified Special Schools for Epileptics	...	...	1

Particulars of the numbers of children in these classes are given in the statistical tables at the end of this report.

Blind.

There were at the end of the year 5 blind children not at a special school or institution. Of these, three were awaiting vacancies at Swansea Institution at that time, whilst two were under the age of seven years. There is difficulty in obtaining admission to institutions for this class of child.

Of the 15 partially blind children not in institutions, 4 were awaiting vacancies at the end of the year, 2 were not dealt with owing to the parents objecting to the children being sent away, two were too young for admission, and the vision of the remaining seven was showing signs of improvement.

Deaf and Dumb.

Fifteen deaf and dumb and 10 partially deaf and dumb children suitable for institutional training had not been sent away, the reasons being as follows:—

Parents unwilling 10; children under seven years of age and difficulty experienced in obtaining admission to institutions six; awaiting admission at end of year three; not suitable for institutions at present six.

Mentally Defective.

There are 280 known mentally defectives between the ages of five and 16 years. Many of them are suitable for institutional training, but no provision can be made on account of the lack of accommodation at Special Schools for this type of child.

In accordance with the suggestion contained in Circular 1349 of the Board of Education, dated 12th January, 1925, these children will in future be regularly supervised by the Inquiry Officer of the County Mental Deficiency Committee, in conjunction with her duties under the Mental Deficiency Act, 1913.

The epileptic child is another type for which the provision of Special School education is difficult by reason of the shortage of accommodation.

Cases of mental deficiency, idiots and imbeciles, and defectives who by virtue of age cease to come under the jurisdiction of the Education Committee are referred to the County Mental Deficiency Committee under the Mental Deficiency Act, 1913.

Three imbeciles (girls), and one feeble-minded boy were notified to the County Mental Deficiency Committee by the Education Committee during the year.

The two mentally defective children attending Certified Schools are at Roman Catholic Institutions. There is no accommodation available at Special Schools for children of other denominations, although there are many children in the County who would benefit by such training.

Mental Defectives under School Age.

At present where the deficiency is evident, the children are observed and note of them made either (i) by the Medical Officers at Maternity and Child Welfare Centres, or (ii) by Health Visitors when visiting the homes in their respective districts.

18. NURSERY SCHOOLS.

No Nursery Schools are yet in existence in this County.

19. CONTINUATION SCHOOLS.

Medical inspection of pupils attending these schools has not been commenced.

20. CHOICE OF EMPLOYMENT.

No call upon the services of the County Medical Officer under the Education (Choice of Employment) Act, 1920, was made during the year.

21. SPECIAL INQUIRIES.

The following special inquiries were made during the year:—

(a) Encephalitis Lethargica in School Children.

In accordance with the request of the Chief Medical Officer of the Board of Education contained in his circular letter of the 20th February, 1925, an enquiry was made in regard to children now between the ages of five and 16 years who have been notified as suffering from Encephalitis Lethargica:—

Total notifications of the disease, including adults, notified in the Administrative County during the years 1920-1924, both inclusive	...	...	...	...	...	52
Number of notifications relating to children now between the ages of five and 16 years	...	...	...	...	...	15
Number of these children who died	...	...	...	...	...	12
Ditto	who have since left the County	1				
						13
Number of cases for investigation	...	...	...	...	...	2

Of the two cases requiring investigation the present condition of the children is as follows:—

- 1.—Sylvia May Parry, aged seven years, Tredegar. Date of attack, 1st June, 1924.

Nothing physically discovered excepting slight bronchial catarrh. Nocturnal restlessness. Sleeps very badly at night. Sings and talks all night. Also enuresis. Tears up the bed clothes. An intelligent child, with no evidence of mental deficiency. Sequelæ of Encephalitis Lethargica—nocturnal restlessness and insomnia.

Condition does not permit of child attending school at present.

2.—Matthew W. Edmunds, aged 15 years, Usk. Date of attack, 24th April, 1924.

Boy now attends Clark's Commercial College, Cardiff. Father interviewed. States boy has completely recovered, but is rather listless now compared to what he was prior to the illness. No other sequelæ present.

(b) The incidence of Goitre amongst School Children.

In accordance with the request of the Chief Medical Officer of the Board of Education contained in his circular letter of the 12th March, 1924, the Assistant Medical Inspectors during their visits to schools kept a special watch for cases of goitre in children of the age of 12 years, and the following report is presented as the result of their observations:—

Enlargement of the Thyroid gland amongst school children in Monmouthshire generally is relatively uncommon. In most cases the gland is only slightly increased in size. Large goitres in children are quite infrequent in the County.

In industrial areas such as the Sirhowy Valley goitrous children appear to be very few in number. My impression is that the incidence arises in the Eastern Valleys and still more so in the agricultural areas of the County. Even there, the condition is not frequently met with.

In some cases there appears to be a definite family incidence. It is much more commonly met with amongst girls than boys. In many of the cases found in girls examined as "Leavers" the enlargement is probably physiological and due to the approach or onset of puberty.

The number of boys of the age of 12 years examined was 2,294, and 25 of them had enlargement of the thyroid gland. The number of girls examined was 1,656, and enlarged thyroid was present in 50.

22. MISCELLANEOUS.

The following candidates for the teaching profession, etc., were examined by the School Medical Inspectors during the year:—

Pupil Teacher Candidates	...	...	...	19
Technical Free Student Teachers	...	...	...	6
Boy Artificers for the Navy	...	...	...	1
Boy Mechanics for Air Force	...	...	...	5

Eight Teachers, absent from duties through illness, were also examined.

23. HEIGHTS AND WEIGHTS.

The heights and weights are determined by the Head Teachers. The children are weighed and measured without boots, otherwise ordinary indoor clothing being worn.

1. HEIGHTS.

BOYS				GIRLS			
Age	No. of Children Measured	Average Heights	Anthropo-metric Standard	Age	No. of Children Measured	Average Heights	Anthropo-metric Standard
		Centimetres	Centimetres			Centimetres	Centimetres
3	131	93	88.9	3	140	92	86.4
4	735	99	94.0	4	726	97	91.4
5	856	101	104.1	5	859	104	102.8
6	278	109	111.7	6	321	109	108.5
7	96	115	116.8	7	110	116	113.0
8	1595	116	119.3	8	1521	118	118.0
9	283	117	128.3	9	257	122	123.8
10	33	129	131.4	10	27	125	129.5
11	56	134	135.8	11	33	138	134.6
12	1381	139	139.7	12	1190	142	140.9
13	415	140	144.7	13	538	143	144.6
14	37	146	150.4	14	48	144	151.7

2. WEIGHTS.

BOYS				GIRLS			
Age	No. of Children Weighed	Average Weights	Anthropo-metric Standard	Age	No. of Children Weighed	Average Weights	Anthropo-metric Standard
		Kilos	Kilos			Kilos	Kilos
3	177	15.0	15.4	3	138	14.1	14.2
4	533	15.9	16.7	4	714	15.6	16.3
5	859	16.7	18.1	5	641	16.4	17.6
6	252	18.9	20.1	6	278	18.1	18.9
7	83	20.2	22.5	7	89	20.2	21.4
8	1431	23.4	24.9	8	1509	23.0	23.5
9	280	24.9	27.3	9	251	24.7	25.1
10	28	26.5	30.7	10	25	26.0	28.1
11	53	30.6	32.6	11	19	31.0	30.8
12	1091	32.3	34.8	12	1181	33.3	34.7
13	515	34.6	37.4	13	525	35.6	39.4
14	43	35.8	41.7	14	46	36.0	43.8

2. SECONDARY SCHOOLS.

The medical inspection of pupils attending secondary schools in the County was commenced in March, 1921. The pupils at the following schools come within the scheme of inspection:—

Abergavenny County School (Girls).
 Abergavenny Grammar School (Boys).
 Abertillery County School (Boys and Girls).
 Ebbw Vale County School (Boys and Girls).
 Newbridge County School (Boys and Girls).
 Pontypool County School (Girls).
 Pontywaun County School (Boys and Girls).
 Tredegar County School (Boys and Girls).
 Maesycwmmmer Secondary School (Boys and Girls).
 Abersychan Higher Elementary School, Pupil Teachers' Centre.
 Chepstow County School (Boys and Girls).
 Nantyglo County School (Boys and Girls).
 Rhymney County School (Boys and Girls).

The general scheme of inspection being carried out is:—

- (i) Examination of all children upon admission, the character of the examination to depend upon the date of the last examination made in the Elementary School.
- (ii) Full examination of all children at 12 years of age.
- (iii) Subsequent to the age of 12, yearly examination, the degree and extent varying according to the previous record and other circumstances of the child.
- (iv) At the age of 15 a full routine examination to be made of each pupil, and the annual re-examination to continue so long as the pupil remains at School.

A visit of the School Medical Inspector is made each term. A male medical inspector examines boys and a lady inspector the girls. The instructions given to the School Medical Inspectors embody all the suggestions set out in the Memorandum of the Board of Education dealing with this subject.

Power is given to the Committee to extend to pupils of Secondary and other schools under this section of the Act the facilities for treatment which are already available for Elementary School children, viz.:—

Examination of eye defects and the provision of spectacles.
 Dental inspection and treatment.
 Operative treatment of tonsils and adenoids.
 Treatment of minor ailments and defects (e.g., skin diseases, running ears and sore eyes).
 Remedial exercises.

It has been decided that such treatment shall be available for Secondary pupils at the Committee's School Clinics. The Higher Education Committee has approved the same scale of charges as has been fixed for Elementary School children and which is detailed on page 16 of this report.

Table showing the number of re-examinations made by Medical Inspectors and the result thereof :—

Condition	No. of defects for which treatment was considered necessary.			No. of defects for which no report is available	No. of defects treated	Results of Treatment			No. of defects not treated	Percentage of defects treated
	Old Routine Cases	Special Cases	Total			Remedied	Improved	No. improved		
Nutrition	26	14	40	13	27	3	14	10	...	67.5
Uncleanliness { Head	...	3	3	...	3	3	...	...	...	100.0
{ Body	...	1	1	...	...	...	...	...	1	...
Clothing { Dirty	...	...	...	...	...	...	...	...	...	...
{ Excessive	...	...	...	...	...	...	...	...	...	...
{ Ragged	...	...	...	...	...	...	...	...	...	...
Poor Footgear	...	...	...	...	...	...	...	...	...	...
Skin { Ringworm { Head	...	...	...	...	...	...	...	...	...	...
{ Body	...	...	...	...	...	...	...	...	...	...
{ Scabies	...	1	1	...	1	1	...	...	...	100.0
{ Impetigo	...	1	1	...	1	1	...	...	...	100.0
{ Other Diseases	6	5	11	3	8	4	1	3	...	72.7
Eye { Vision	30	81	111	26	65	35	8	22	20	58.5
{ Squint	4	2	6	1	4	1	...	3	1	66.6
{ External Eye disease	1	8	9	1	7	6	...	1	1	77.7
{ Otorrhoea	...	2	2	...	...	...	...	...	2	...
Ear { Defective Hearing	5	8	13	4	9	4	2	3	...	69.2
{ Wax	...	1	1	...	1	1	...	...	...	100.0
Nose { Enlarged Tonsils	14	23	37	14	18	4	4	10	5	48.6
and { Adenoids	...	...	...	...	...	...	...	...	...	...
{ Tonsils & Adenoids	3	3	6	2	2	2	...	...	2	33.3
Throat { Mouth Breathing	...	...	...	...	...	...	...	...	...	...
{ Other Diseases	6	6	12	2	10	3	1	6	...	83.3
Enlarged Cervical Glands	...	3	3	1	2	...	...	2	...	66.6
Defective Speech	4	5	9	4	5	1	2	2	...	55.5
Teeth	79	79	158	58	49	21	28	...	51	31.0
Heart and { Heart Disease	12	17	29	12	17	2	3	12	...	58.6
Circulation { Anæmia	16	8	24	8	16	5	3	8	...	66.6
Lungs { Bronchitis	...	1	1	1	...	...	...	...	...	...
{ Bronchial Catarrh	2	4	6	1	5	3	2	...	...	83.3
Tuberculosis { Definite	...	...	...	...	...	...	...	...	...	...
{ Suspected	...	...	...	...	...	...	...	...	...	...
{ Other Forms	...	...	...	...	...	...	...	...	...	...
Nervous { Epilepsy	...	1	1	...	1	1	...	...	...	100.0
System { Chorea	...	...	...	...	...	...	...	...	...	...
{ Other Conditions	4	1	5	3	2	...	...	2	...	40.0
Deformities	19	7	26	5	9	5	2	2	12	34.5
Miscellaneous	25	41	66	14	50	9	10	31	2	75.7
Totals	256	326	582	173	312	115	80	117	97	53.7

No. of children re-examined — 360 with 582 defects.

FINDINGS OF MEDICAL INSPECTION OF SECONDARY SCHOLARS.

The number of individual children inspected during the year was 718 first examinations, 39 special cases, and 360 re-examinations were also made.

In addition to these figures, 578 scholars were specially examined preparatory to visiting the Wembley Exhibition.

Exclusive of the 360 re-examinations, 757 children had 560 defects which required treatment, and 282 defects needing to be kept under observation. These latter defects were not referred for treatment.

In reviewing the defects found amongst Secondary School pupils it is observed that out of the 718 pupils medically inspected, 176 were found at the time of their examination, to be physically fit. Of the remainder, 542 children had defects to the number of 560 needing remediation, and 282 defects requiring to be kept under observation, making an average of 1.1 defects per child. In extracting these figures a severe standard has been set, e.g., a child found with one decayed tooth was recorded as defective.

UNCLEANLINESS.

Unsatisfactory bodily cleanliness was found in three cases only, i.e., .4 per cent. of all examined.

In 7 cases among the girl scholars, unsatisfactory head conditions (nits) were found, that is, in .9 per cent. of girls inspected.

The head cleanliness of the girls attending the Secondary Schools has considerably improved but a good deal more supervision as to personal hygiene is urgently necessary.

NUTRITION.

Nutrition was below normal in 70 cases, .9 per cent. of all the scholars seen at routine inspections.

20 boys—7.1 per cent. of the 265 examined.

50 girls—11.0 per cent. of the 453 examined.

NOSE AND THROAT CONDITIONS.

Abnormal nose and throat conditions which were discovered at the routine inspections were as follows:—

		Number Examined	Tonsils and Adenoids. Per Cent.	Mouth Breathers. Per Cent.	Tonsils. Slightly Enlarged. Per Cent.	Much Enlarged. Per Cent.	Slight Adenoids. Per Cent.
Boys	...	265	7	11	6.7	2.2	—
Girls	...	453	6	2.2	12.1	15.4	.4

Miscellaneous diseased conditions of nose and throat were found in 4.8 per cent. of all scholars examined.

18 cases (2.5 per cent. of those examined) required operative treatment for either tonsils or adenoids, or both.

GLANDULAR CONDITIONS.

The following table shows the extent of glandular conditions in the scholars examined at routine inspections:—

		Number Examined.	Submaxillary. Enlarged. Per Cent.	Anterior Cervical. Enlarged. Per cent.
Boys	...	265	2.6	—
Girls	...	453	—	.4

LUNG DISEASES.

Bronchial catarrh was discovered in 7 cases (1.1 per cent.).

TUBERCULOSIS.

During the year four pupils were referred to the Tuberculosis Physicians of the King Edward VII Welsh National Memorial Association for confirmation of diagnosis, and if necessary, treatment. Males, 1; Females, 3. The reports were:—Definitely no evidence of Tuberculosis, one. In the three other cases no definite evidence of Tuberculosis was found, but pupils were to be kept under observation.

SKIN DISEASES.

Other skin diseases were present in 14 cases (1.9 per cent.).

EXTERNAL EYE DISEASES.

Ten cases of Blepharitis (1.3 per cent.) were found. One case (.13 per cent.) of Conjunctivitis was recorded. There were 3, or .4 per cent. cases of other forms of eye disease.

DEFECTIVE VISION.

87 cases of defective vision (12·1 per cent.) were recorded. The extent of defect is shown in the following table:—

	No. Examined	Only one eye defective.				Cases where both eyes were equally defective.	Cases of unequal error.				Squint	
		Right		Left			Right		Left			
		$\frac{6}{9}$ to $\frac{6}{24}$	$\frac{6}{24}$ and less	$\frac{6}{9}$ to $\frac{6}{24}$	$\frac{6}{24}$ and less		$\frac{6}{9}$ to $\frac{6}{24}$	$\frac{6}{24}$ and less	$\frac{6}{9}$ to $\frac{6}{24}$	$\frac{6}{24}$ and less		
Boys ...	265	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.
		3·0	1·1	1·5	·7	3·7	·3	·3	1·1	1·5	-	·3
Girls ...	453	2·7	·8	3·5	1·5	6·1	2·7	2·7	1·9	3·9	·8	·4

DEFECTIVE TEETH.

Defective teeth were found in 43·0 per cent. of children examined, as follows:—

		Number Examined.	Less than four decayed. Per Cent.	Four or more decayed. Per Cent.	Dirty Teeth. Per Cent.
Boys	...	265	26·7	6·7	—
Girls	...	453	40·6	7·9	·2

DEFECTS OF SPEECH.

Defects of stammering occurred in 2 cases (·2 per cent.).

HEARING.

The hearing was defective in two cases (·2 per cent.), one case occurring amongst the girls and one amongst the boys.

DEFORMITIES.

A deformity due to Rickets was evident in five cases (·6 per cent.) of the boys. Deformities due to various causes other than rickets occurred in 23 cases (3·7 per cent.) of the children examined.

CARDIAC AND CIRCULATORY DEFECTS.

Organic heart disease was found in four (.5 per cent.) of the boys examined, and in 7 (.9 per cent.) of the girls. Twenty-three (3.2 per cent.) of the scholars brought for routine inspection were anæmic. In addition, slight anæmia was present in two cases (.2 per cent.).

Miscellaneous diseases accounted for defects in 23 cases (3.2 per cent.) of those examined at routine medical inspection.

HEIGHTS AND WEIGHTS.

1. HEIGHTS.

BOYS				GIRLS			
Age	No. of Children Measured	Average Heights	Anthropo-metric Standard	Age	No. of Children Measured	Average Heights	Anthropo-metric Standard
		Centimetres	Centimetres			Centimetres	Centimetres
10	—	—	131.4	10	—	—	129.5
11	3	139	135.8	11	1	126	134.6
12	53	139	139.7	12	31	141	140.9
13	70	146	144.7	13	22	142	146.6
14	19	151	150.4	14	21	150	151.7
15	117	153	158.1	15	107	152	154.9
16	63	161	163.1	16	67	153	156.8
17	31	165	168.2	17	34	158	158.7
18	5	168	170.1	18	16	158	158.9
19	—	—	170.8	19	3	157	159.3

2. WEIGHTS.

BOYS				GIRLS			
Age	No. of Children Weighed	Average Weights	Anthropo-metric Standard	Age	No. of Children Weighed	Average Weights	Anthropo-metric Standard
		Kilos	Kilos			Kilos	Kilos
10	—	—	30.5	10	—	—	28.1
11	4	32.2	32.6	11	2	34.5	30.8
12	50	34.3	34.8	12	31	35.5	34.7
13	69	36.0	37.4	13	23	39.3	39.4
14	19	37.9	41.7	14	17	45.4	43.8
15	118	45.6	46.1	15	114	46.3	48.1
16	61	52.7	53.9	16	66	50.1	51.2
17	25	55.4	58.9	17	34	50.3	52.3
18	2	56.5	62.2	18	15	54.1	54.8
19	—	—	63.2	19	3	56.1	56.1

The heights and weights are taken by the Head Teachers. The pupils are measured and weighed without boots, otherwise ordinary indoor clothes being worn.

TREATMENT.

Parents were notified by post of the defects discovered in their children. They were advised to consult their medical attendants and were notified that the treatment at the Committee's School Clinics was available for those who cannot afford to obtain such treatment.

The following work was undertaken at the Clinics:—

16 pupils made application for dental treatment. Of this number 10, or 3·6 per cent., submitted themselves to the Committee's School Clinics for treatment.

71 appointments were made for errors of refraction and 61 pupils were examined:—

Spectacles were recommended in	...	49	cases
„ not needed in	...	8	„
Changes of spectacles necessary in	...	2	„
„ „ not necessary in		2	„

The Committee's Health Visitors followed up subsequently the cases of children with defects requiring attention, and it was discovered that 53·7 per cent. of the defects had been treated.

I desire to tender my cordial thanks to the Headmasters, to the Headmistresses and their staff for their willing aid during the visits of the doctors and nurses to the schools; the help given was valuable, and always tends to make the inspections run smoothly.

To my colleagues I am again grateful for their loyalty in carrying out the policy of the Department.

I am,

Your obedient Servant,

D. ROCYN JONES,

School Medical Officer.

April 23rd, 1925

APPENDIX I.

STATISTICAL TABLES.

A. ELEMENTARY SCHOOLS.

Table I.—Return of Medical Inspections.

A. Routine Medical Inspections.

Number of Code Group Inspections:—

Entrants	...	...	...	5,024
Intermediates	...	...	...	4,456
Leavers	...	...	...	3,950
			Total	13,430
Number of other Routine Inspections				—
Total Routine Inspections				13,430

B. Other Inspections.

Number of Special Inspections	...	1,531
Number of Re-inspections	...	9,713
	Total	11,244
Number of children specially examined preparatory to visiting the Wembley Exhibition		
	...	342

Total number of Individual Children inspected
(Routine, Special, and Re-examinations) ... 25,016

N.B.—(1) Two Medical Inspectors left on the 6th April and 30th June, 1924, respectively and were not replaced until 10th November, 1924.

(2) There were also the following periods of absence of Medical Inspectors during the year:—

1 Medical Inspector—2 weeks' illness.				
1	Do.	do.	—4	do. do.
1	Do.	do.	—1	do. do.
3	Do.	do.	—taking Mental Deficiency course, 1 week each.	

Table II. A.—Return of Defects found in the course of Medical Inspection in 1924.

Defect or Disease.		ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring treatment.
Malnutrition	...		1385	6	159
Uncleanliness (See Table IV., Group V.).	...	—	—	—	—
Skin	Ringworm—Scalp	20	—	19	—
	Body	25	—	5	—
	Scabies	20	—	14	—
	Impetigo	197	—	51	—
	Other Diseases (Non-Tuberculous) ..	241	—	27	—
Eye	Blepharitis	243	—	42	—
	Conjunctivitis	26	—	10	—
	Keratitis	5	—	—	—
	Corneal Opacities	11	—	—	—
	Defective Vision (excluding Squint)	947	706	93	22
	Squint	120	5	28	—
	Other Conditions	47	3	5	—
Ear	Defective Hearing	70	—	19	—
	Otitis Media	18	—	—	—
	Other Ear Diseases	117	—	14	—
Nose and Throat	Enlarged Tonsils only	494	2216	171	29
	Adenoids only	7	106	34	3
	Enlarged Tonsils and Adenoids	220	294	24	12
	Other Conditions	198	66	78	—
Enlarged Cervical Glands (Non-Tuberculous) ..		16	599	72	—
Defective Speech	...	50	6	21	—

TABLE II—continued.

Defect or Disease.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring be kept under observation but not requiring treatment.	Requiring Treatment.	Requiring be kept under observation but not requiring treatment.
Teeth—Dental Diseases	2827	5267	181	97
Heart and Circulation	Heart disease { Organic	188	—	19
	{ Functional	—	43	52
	Anaemia	224	99	—
Lungs	Bronchitis	68	476	20
	Other Non-Tuberculous Diseases	38	44	1
Tuber- culosis	Pulmonary:—			
	Definite	1	—	—
	Suspected	5	28	13
	Non-Pulmonary:—			
	Glands	2	—	5
	Spine	—	—	1
	Hip	1	—	2
	Other Bones and Joints	1	—	3
	Skin	1	—	2
Nervous System	Other forms	2	—	8
	Epilepsy	6	3	6
	Chorea	7	2	10
	Other conditions	3	53	12
Deformities	Rickets	10	62	—
	Spinal Curvature	54	6	—
	Other forms	59	49	—
Other Diseases and Defects	119	104	54	24

B.—Number of Individual Children found at ROUTINE Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP.	NUMBER OF CHILDREN.		Percentage of children found to require treatment.
	Inspected.	Found to require Treatment.	
Code Groups:—			
Entrants	5,024	929	18.4
Intermediates	4,456	348	7.8
Leavers	3,950	372	9.4
Total	13,430	1,649	12.2
Other Routine Inspections	—	—	—

**Table III. Return of all Exceptional Children
in the Area in 1924.**

			Boys.	Girls.	Total.
Blind (including partially Blind).	Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ...	5	3	8
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	3	2	5
	Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ...	—	—	—
		Attending Public Elementary Schools ...	1	2	3
		At other Institutions ...	—	—	—
		At no School or Institution ...	9	3	12
Deaf (including Deaf and Dumb and partially Deaf).	Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ...	9	9	18
		Attending Public Elementary Schools ...	—	1	1
		At other Institutions ...	—	—	—
		At no School or Institution ...	10	4	14
	Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ...	—	—	—
		Attending Public Elementary Schools ...	4	2	6
		At other Institutions ...	—	—	—
		At no School or Institution ...	3	1	4
Mentally Defective.	Feebleminded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ...	2	—	2
		Attending Public Elementary Schools ...	96	68	164
		At other Institutions ...	—	—	—
		At no School or Institution ...	67	49	116
	Notified to the Local Control Authority during the year.	Feebleminded ...	1	—	1
		Imbeciles ...	—	3	3
		Idiots ...	1	—	1

TABLE III—continued.

			Boys.	Girls.	Total.
Epileptics.	Suffering from severe Epilepsy.	Attending Certified Special Schools for Epileptics ...	1	—	1
		In Institutions other than Certified Special Schools..	—	—	—
		Attending Public Elementary Schools ...	7	5	12
		At no School or Institution ...	1	—	1
	Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools ...	12	11	23
		At no School or Institution ...	9	9	18
Physically Defective.	Infectious Pulmonary and Glandular Tuberculosis.	At Hospital or Sanatoria approved by the Ministry of Health or the Board ...	9	28	37
		At other Institutions ...	—	—	—
		At no School or Institution ...	6	10	16
	Non-Infectious but active Pulmonary and Glandular Tuberculosis.	At Hospital or Sanatoria approved by the Ministry of Health ...	1	2	3
		At Certified Residential Open-Air Schools ...	—	—	—
		At Certified Day Open-Air Schools ...	—	—	—
		At Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	18	14	32
	Delicate children (e.g., pre- or latent Tuberculosis, Malnutrition, Debility, Anæmia, etc.)	At Certified Residential Open-Air Schools ...	—	—	—
		At Open-Air Departments ...	160	105	265
		At Public Elementary Schools ...	46	57	103
		At other Institutions ...	—	—	—
		At no School or Institution ...	21	36	57
	Active Non-Pulmonary Tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	13	9	22
		At Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	18	28	46

TABLE III—continued.

			Boys.	Girls.	Total.
Physically Defective.	Crippled children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools..	—	—	—
		At Certified Residential Cripple Schools ...	—	—	—
		At Certified Day Cripple Schools ...	—	—	—
		At Public Elementary Schools	174	142	316
		At other Institutions ...	2	—	2
		At no School or Institution ...	71	70	141

Table IV. Return of Defects Treated during the year ended 31st December, 1924.

Treatment Table.

GROUP I.—MINOR AILMENTS.

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin:—			
Ringworm—Scalp ...	18	79	97
Body ...	6	13	19
Scabies ...	6	44	50
Impetigo ...	10	102	112
Other Skin Disease ...	43	247	290
Minor Eye Defects (external and others) ...	39	259	298
Minor Ear Defects ...	70	295	365
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.) ...	—	—	—
Total ...	192	1039	1231

TABLE IV.

GROUP II.—Defective Vision and Squint.

Defect or Disease.	NUMBER OF DEFECTS DEALT WITH.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint) ...	1303	3	430	1736
Other Defect or Disease of the eyes ...	—	—	—	—
Total ...	1303	3	430	1736

Total number of children for whom spectacles were prescribed:—

(a) Under the Authority's Scheme	...	...	737
(b) Otherwise	...	...	433

Total number of children who obtained or received spectacles:—

(a) Under the Authority's Scheme	...	...	563
(b) Otherwise	...	...	433

GROUP III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.				
RECEIVED OPERATIVE TREATMENT.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or in Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
147	12	159	280	439

TABLE IV.

GROUP IV.—Dental Defects.

(1) Number of children who were:—

(a) Inspected by the Dentists:—

Routine Age Groups—

Age.	Number.
5	81
6	2013
7	3723
8	3455
9	2951
10	3826
11	3965
12	3443
13	1810
14	1155
	— 26422
Specials	—
Grand Total	26422

(b) Notified to require treatment (any permanent teeth defective)

11307

(c) Actually treated (included as above)

2782

(d) Re-treated during the year as the result of periodical examination

545

(2) Half-days devoted to	{ Inspection ... 353 }	Total	980
	{ Treatment ... 627 }		
(3) Attendances made by children for treatment			3651
(4) Fillings	{ Permanent Teeth ... 4268 }	Total	4268
	{ Temporary Teeth ... — }		
(5) Extractions	{ Permanent Teeth ... 1128 }	Total	3400
	{ Temporary Teeth ... 2272 }		
(6) Administrations of general anaesthetics for extractions			1103
(7) Other operations	{ Permanent Teeth ... 77 }	Total	77
	{ Temporary Teeth ... — }		

GROUP V.—Uncleanliness and verminous conditions.

(i.) Average number of visits per school made during the year by the School Nurses	1.4
(ii.) Total number of examinations of children in the schools by School Nurses	67083
(iii.) Number of individual children found unclean	9413
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	—
(v.) Number of cases in which legal proceedings were taken:—	
(a) Under the Education Act, 1921	—
(b) Under School Attendance Byelaws	—

B. SECONDARY SCHOOLS.

Table I.—Return of Medical Inspections.

A. Routine Medical Inspection.

Number of Inspections at all ages:—

Boys	...	...	...	...	...	265
Girls	...	...	...	...	...	453
						<hr/>
Total Routine Inspections	.			...		718
						<hr/> <hr/>

B. Other Inspections.

		Boys.	Girls.	Total.
Number of Special Inspections	...	13	26	39
Number of Re-examinations	...	163	197	360
		<hr/>	<hr/>	<hr/>
		176	223	399
		<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

Number of children specially examined preparatory to visiting the Wembley Exhibition	578
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SECONDARY SCHOOLS.

Table II. Return of Defects found in the course of Medical Inspection in 1924.

Defect or Disease.		ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring treatment.
Malnutrition	...	—	70	4	—
Uncleanliness	...	—	—	—	—
Skin	{ Ringworm—Scalp	...	—	—	—
	{ " " Body	...	—	—	—
	{ Scabies	...	—	—	—
	{ Impetigo	...	—	—	—
	{ Other Diseases (Non-Tuberculous)	...	14	—	—
Eye	{ Blepharitis	...	10	1	—
	{ Conjunctivitis	...	1	—	—
	{ Keratitis	...	—	—	—
	{ Corneal Opacities	...	—	—	—
	{ Defective Vision (excluding Squint)	...	84	2	2
	{ Squint	...	3	1	—
Ear	{ Other Conditions	...	3	—	—
	{ Defective Hearing	...	2	—	—
	{ Otitis Media	...	—	—	—
Nose and Throat	{ Other Ear Diseases	...	1	—	—
	{ Enlarged Tonsils only	...	13	2	—
	{ Adenoids only	...	—	1	—
	{ Enlarged Tonsils and Adenoids	...	5	—	—
Enlarged Cervical Glands (Non-Tuberculous)	{ Other Conditions	...	22	4	1
	{ Enlarged Cervical Glands (Non-Tuberculous)	...	—	1	—
Defective Speech	...	2	—	—	—

TABLE II.—Continued.

Defect or Disease.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring treatment.
Teeth—Dental Diseases ...	309	—	10	3
Heart and Circulation {	Heart disease Organic ...	11	—	—
	Functional ...	5	—	1
Anæmia ...	...	23	5	—
	...	2	—	—
Lungs {	Bronchitis ...	1	1	—
	Other Non-Tuberculous Diseases ...	7	—	—
Tuber- culosis {	Pulmonary :—			
	Definite ...	—	—	—
	Suspected ...	—	—	—
	Non-Pulmonary :—			
	Glands ...	—	—	—
	Spine ...	—	—	—
	Hip ...	1	—	—
	Other Bones and Joints ...	—	—	—
	Skin ...	—	—	—
Nervous System {	Other forms ...	—	—	—
	Epilepsy ...	—	—	—
	Chorea ...	—	—	—
Other Conditions ...	...	34	—	—
	...	—	—	—
	...	—	—	—
Deformities {	Rickets ...	5	—	—
	Spinal Curvature ...	8	2	—
	Other forms ...	15	3	—
Other Diseases and Defects ...	20	3	3	—

B.—Number of Individual Children found at ROUTINE Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP.	NUMBER OF CHILDREN.		Percentage of children found to require treatment.
	Inspected.	Found to require Treatment.	
All ages :—			
Boys	265	32	12·0
Girls	453	59	25·1
Total ...	718	91	12·6
Other Routine Inspections ...	—	—	—

SECONDARY SCHOOLS.**Table III. Return of Exceptional Children.**

			Boys.	Girls.	Total.
Physically Defective.	Crippled children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools..	—	—	—
		At Certified Residential Cripple Schools ...	1	—	1
		At Certified Day Cripple Schools ...	—	—	—
		At Secondary Schools ...	24	18	42
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—

Table IV. Return of Defects Treated during the year ended 31st December, 1924.**Treatment Table.****GROUP I.—MINOR AILMENTS.**

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin:—			
Ringworm—Scalp ...	—	—	—
Body ...	—	—	—
Scabies ...	—	1	1
Impetigo ...	—	1	1
Other Skin Disease ...	—	8	8
Minor Eye Defects (external and others) ...	—	7	7
Minor Ear Defects ...	—	10	10
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.) ...	—	—	—
Total ...	—	27	27

TABLE IV.

GROUP II.—Defective Vision and Squint.

Defect or Disease.	NUMBER OF DEFECTS DEALT WITH.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint) ...	61	1	7	69
Other Defect or Disease of the eyes ...	—	—	—	—
Total ...	61	1	7	69

Total number of children for whom spectacles were prescribed:—

(a) Under the Authority's Scheme	...	...	49
(b) Otherwise	...	...	8

Total number of children who obtained or received spectacles:—

(a) Under the Authority's Scheme	...	...	9
(b) Otherwise	...	...	8

GROUP III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.				
RECEIVED OPERATIVE TREATMENT.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or in Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
—	4	4	30	34

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